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Application Number	10/511,659
Filing Date	11-17-04
First Named Inventor	Ishikawa
Art Unit	
Examiner Name	
Attorney Docket Number	TSL1789

**I hereby revoke all previous powers of attorney given in the above-identified application.**

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**I am the:**

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Robert L. McKellar		
Date	June 14, 2006	Telephone	989-631-4551

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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